

WEBB COUNTY AUDITOR'S OFFICE

INFORMATION REQUEST FORM

Information requested (Please be specific in order to expedite your request):

(Use back if more space is required)

I understand that there may be a charge for reproduction of copies where appropriate.

Signature

Date and time

Telephone #

Business entity

Address

Approved by County Attorney

Date and time

Job assigned to: _____

Date and time completed: _____

Total charges (if any): _____

Leo Flores
Webb County Auditor

Date